

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27258**

**1. PLACE OF DEATH**

County Pettis  
Township \_\_\_\_\_  
City Sedalia (No. 921 W. 6<sup>h</sup>)

Registration District No. 668  
Primary Registration District No. 30.32

File No. \_\_\_\_\_  
Registered No. 199  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

James Walter Holloway  
(a) Residence No. 921 W. 6<sup>h</sup> St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 8 mos. 1 How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Eileen Holloway</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21-1895</u>		
7. AGE YEARS <u>38</u> MONTHS <u>0</u> DAYS <u>21</u>	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Live Stock Buyer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Map Stock Yards</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1-1933</u>	
11. Total time (years) spent in this occupation <u>20 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>J. Holloway</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Daisy Cash</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT <u>Mrs. J. W. Holloway</u> (ADDRESS) <u>Sedalia</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centralia Mo</u> DATE <u>8-15</u> 19 <u>33</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia Mo</u>		
20. FILED <u>Aug 14 1933</u> <u>Jean Slack</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933, to Aug 13 1933  
I last saw him alive on Aug 13 1933. Death is said to have occurred on the date stated above, at 2 45 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Endocarditis  
Date of onset Feb 1933

Other contributory causes of importance:  
Sepsis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. B. K. K. K., M. D.  
(Address) Sedalia Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated in years. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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